

COURT ORDERED ASSESSMENT AND PLAN REPORT

Use of form: Completion of this form meets the requirements of s. 23.33(13)(e), 30.80(6)(d), 961.472, or 350.11(3)(d), Wis. Stats.

FROM: Judge _____ Court: _____

Address - Court: _____

(Street, City, State, Zip Code)

CLIENT INFORMATION

Name - Client (Last, First, MI)	Birthdate (mm/dd/yyyy)	Occupation
Address (Street, City, State, Zip Code)	County of Residence	Telephone Number

ARREST / CONVICTION INFORMATION

Date of Arrest	Date of Conviction	Case Number	Offense <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third or more
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Note: Motorized Recreational Vehicle (MRV) includes boats, snowmobiles and all-terrain vehicles.

Blood alcohol concentration: _____ ☐ Implied Consent Refusal - MRV ☐ Intoxicated Great Bodily Harm - MRV
and / or _____ ☐ Operating While Intoxicated - MRV ☐ Intoxicated Homicide - MRV
Controlled substance: _____ ☐ Intoxicated Injury - MRV ☐ Possession of controlled substance

ASSESSMENT FINDINGS

 Note: "Substance" includes alcohol or controlled substances. Check appropriate box below.

<input type="checkbox"/> Did not complete assessment - Reason: _____	
<input type="checkbox"/> Irresponsible substance use	<input type="checkbox"/> Substance dependency
<input type="checkbox"/> Irresponsible substance use - borderline	<input type="checkbox"/> Substance dependency in remission
<input type="checkbox"/> Suspected substance dependency	

Check substance use pattern and chronicity when the assessment finding is suspected dependency, dependency or borderline.

Pattern: <input type="checkbox"/> Intermittent <input type="checkbox"/> Recurrent <input type="checkbox"/> Steady	Chronicity: <input type="checkbox"/> Early <input type="checkbox"/> Moderately advanced <input type="checkbox"/> Far advanced	Primary substance - Specify: _____
		Secondary substance(s) - Specify: _____

Physiological, behavioral, psychological and / or attitudinal symptoms identified - Specify below.

Assessment instrument used:

☐ WAID ☐ Other - Identify: _____

COMPLETE DSL-934A FORM

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby consent to the release of the results of this assessment and
(Name - Client)

the recommended plan administered by _____
(Name - Person completing assessment. Include title / certification.)

of the _____, located at
(Name - Assessment Facility)

_____, and all status, treatment and attendance records
(Address - Assessment Facility) (Street, City, State, Zip Code)

and information required prior to the expiration of this release to the _____

staff of the county department under s. 51.42; the referring court and / or my probation agency _____

and the plan provider(s) of my choice:

The purpose for this disclosure is to aid in determining compliance with the court order for assessment and determination of any need for treatment. I further authorize the person / facility administering the assessment to follow-up and verify my compliance with any treatment plan. I understand that I may withdraw my consent at any time, prior to the expiration of this release except where revocation is prohibited according to s. 2.39, 42 CFR.

Release Date (mm/dd/yyyy)	SIGNATURE - Parent or Guardian (if client is under age 18)	Date Signed
Release Expiration Date (mm/dd/yyyy)	SIGNATURE - Client	Date Signed

Distribution: Original – Court Copies – Client, Recommended plan provider, Probation agent, Assessment facility / 51.42 staff